PLEASĂNT VIEW NURSING HOME N3150 HIGHWAY 81, P.O. BOX 768 MONROE 53566 PH

Phone: (608) 325-2171 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 131 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 156 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 123 Average Daily Census: 120 *********************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	nosis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 8
Supp. Home Care-Personal Care	No				/	1 - 4 Years	36. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	14.6	More Than 4 Years	27. 6
Day Services	No	Mental Illness (Org. /Psy)	37. 4	65 - 74	5. 7		
Respite Care	No	Mental Illness (Other)	8. 9	75 - 84	27.6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	36. 6	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4. 1	95 & 0ver	15. 4	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 8	ĺ	(Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	17. 1	65 & 0ver	85. 4		
Transportation	No	Cerebrovascul ar	8. 1	'		RNs	14. 0
Referral Service	No	Di abetes	3. 3	Sex	% j	LPNs	5. 2
Other Services	No	Respi ratory	4. 1		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 4	Male	29. 3	Aides, & Orderlies	47. 4
Mentally Ill	Yes			Femal e	70. 7		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	Yes			ĺ	100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	•		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	2. 3	121	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	1. 6
Skilled Care	4	100. 0	284	76	87.4	104	0	0.0	0	28	87. 5	148	0	0.0	0	0	0.0	0	108	87.8
Intermedi ate				7	8.0	86	0	0.0	0	4	12. 5	148	0	0.0	0	0	0.0	0	11	8.9
Limited Care				1	1. 1	75	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1. 1	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100. 0		87	100.0		0	0.0		32	100.0		0	0.0		0	0.0		123	100.0

PLEASANT VIEW NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti or	ıs, Servi ce	s, and Activities as of 12/	31/01
Deaths During Reporting Period	<u> </u>				· 		
8 1 8		ľ		% I	leedi ng		Total
Percent Admissions from:		Activities of	%	Assis	tance of	% Totally	Number of
Private Home/No Home Health	3. 4	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 2	Bathi ng	0.0		50. 4	49. 6	123
Other Nursing Homes	3.4	Dressing	8. 1		57. 7	34. 1	123
Acute Care Hospitals	74. 1	Transferring	28. 5		30. 9	40. 7	123
Psych. HospMR/DD Facilities	0. 9	Toilet Use	26. 0		36. 6	37. 4	123
Reȟabilitation Hospitals	0.9	Eating	66. 7		13.8	19. 5	123
Other Locations	12. 1	***************	*******	******	********	*********	******
Total Number of Admissions	116	Continence		% S	pecial Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	2. 4	Recei vi ng	Respiratory Care	12. 2
Private Home/No Home Health	22.0	Occ/Freq. Incontinent		52. 0		Tracheostomy Care	0. 0
Private Home/With Home Health	2.8	Occ/Freq. Incontinent	of Bowel	30. 1	Recei vi ng	Sucti oni ng	0.8
Other Nursing Homes	4. 6	<u> </u>			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	3. 7	Mobility			Recei vi ng	Tube Feeding	4. 1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	[11.4	Recei vi ng	Mechanically Altered Diets	48. 0
Reĥabilitation Hospitals	0.0	i j			Ü	ŭ	
Other Locations	12.8	Skin Care		(Other Resid	ent Characteristics	
Deaths	54 . 1	With Pressure Sores		8. 1	Have Adva	nce Directives	100. 0
Total Number of Discharges		With Rashes		2. 4 I	ledi cati ons		
(Including Deaths)	109	ĺ			Recei vi ng	Psychoactive Drugs	55. 3
		'			Ü	· O	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Government 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 76. 9 87. 7 0.88 83. 5 0.92 84. 4 0.91 84. 6 0.91 Current Residents from In-County 81.3 76. 7 1.06 79. 2 1. 03 75. 4 1.08 77. 0 1.06 Admissions from In-County, Still Residing 30. 2 28. 2 1.07 22. 5 1.34 22. 1 1.36 20.8 1.45 96. 7 91.3 Admissions/Average Daily Census 1.06 125. 7 0.77 118. 1 0.82 128. 9 0.75 Discharges/Average Daily Census 90.8 92.8 0.98 127. 5 0.71 118. 3 130.0 0.70 0.77 Discharges To Private Residence/Average Daily Census 22.5 32. 9 0.68 51. 5 0.44 46. 1 0.49 52.8 0.43 Residents Receiving Skilled Care 89. 4 90.8 0.98 91.5 0.98 91.6 0.98 85.3 1.05 Residents Aged 65 and Older 85. 4 88.8 0.96 94. 7 0.90 94. 2 87. 5 0. 91 0.98 Title 19 (Medicaid) Funded Residents 70.7 67.9 1.04 72. 2 69.7 68. 7 0.98 1.01 1.03 Private Pay Funded Residents 26.0 21.2 22. 0 1. 18 19. 7 1. 32 18. 6 1.40 1. 23 Developmentally Disabled Residents 0.8 0.8 1.02 1. 13 0.8 7. 6 0. 7 1.03 0. 11 Mentally Ill Residents 46. 3 46. 1 1.00 35. 8 1. 29 39. 5 1.17 33. 8 1. 37 General Medical Service Residents 15. 4 14.8 1.04 16. 9 0.92 16. 2 0.95 19. 4 0.80 49.3 Impaired ADL (Mean) 55. 4 49.7 48. 2 48. 5 1. 13 1. 11 1. 15 1. 14 Psychological Problems **55.** 3 56. 1 0.99 48. 7 1. 14 50.0 1. 11 51. 9 1. 07 Nursing Care Required (Mean) 7. 3 1. 29 9. 5 6. 7 1.41 6. 9 1. 36 7.0 1.34